

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:	Not Yet Assigned
Filing Date:	Concurrently
Application Type:	Regular
Subject Matter:	Utility
CD-ROM or CD-R?:	None
Title:	NUTRITIONAL SUPPLEMENT AND PROTOCOL
Attorney Docket Number:	4396-060415
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	NONE
Total Drawing Sheets:	NONE
Small Entity:	Yes
Secrecy Order In Parent Appl.:	No

APPLICANT INFORMATION

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Ralph
Middle Name:	A.
Family Name:	Cowden
Name Suffix:	III
City of Residence:	Honolulu
State or Province of Residence:	Hawaii
Country of Residence:	United States of America
Street of Mailing Address:	4075 Black Point Road
City of Mailing Address:	Honolulu

State or Province of Mailing Address: Hawaii
Country of Mailing Address: United States of America
Postal or Zip Code of Mailing Address: 96816

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Alec
Middle Name:
Family Name: Keith
City of Residence: Hilo
State or Province of Residence: Hawaii
Country of Residence: United States of America
Street of Mailing Address: 269 Kuikahi Street
City of Mailing Address: Hilo
State or Province of Mailing Address: Hawaii
Country of Mailing Address: United States of America
Postal or Zip Code of Mailing Address: 96720

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: James
Middle Name: C.
Family Name: Roberts
Name Suffix: Jr.
City of Residence: Toledo
State or Province of Residence: Ohio
Country of Residence: United States of America
Street of Mailing Address: 4607 W. Sylvania Avenue
City of Mailing Address: Toledo

State or Province of Mailing Address: Ohio
Country of Mailing Address: United States of America
Postal or Zip Code of Mailing Address: 43823

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: William
Middle Name: E.
Family Name: Crisp
City of Residence: Paradise Valley
State or Province of Residence: Arizona
Country of Residence: United States of America
Street of Mailing Address: 6051 E. Cactus Wren Road
City of Mailing Address: Paradise Valley
State or Province of Mailing Address: Arizona
Country of Mailing Address: United States of America
Postal or Zip Code of Mailing Address: 85352

Applicant Authority Type: Inventor
Primary Citizenship Country: United States of America
Status: Full Capacity
Given Name: Janey
Middle Name: A.
Family Name: Lau
City of Residence: Kaneohe
State or Province of Residence: Hawaii
Country of Residence: United States of America
Street of Mailing Address: 46-024 Heeia Street
City of Mailing Address: Kaneohe
State or Province of Mailing Address: Hawaii

Country of Mailing Address: United States of America
Postal or Zip Code of Mailing Address: 96744

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28289

REPRESENTATIVE INFORMATION

Representative Customer Number::	28289	
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/030056	09/15/2004
PCT/US2004/030056	An application claiming the benefit under 35 USC 119(e)	60/502,993	09/15/2003

ASSIGNMENT INFORMATION

Assignee Name: Med Five, Inc.
Street of Mailing Address: P.O. Box 15774
City of Mailing Address: Honolulu
State of Mailing Address: Hawaii
Postal or Zip Code of Mailing Address: 96830